Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Port Amounts may be rounded		SUPPLEN  Date Stamp 1/31/2005	CALIFORNIA 465
		Amendment (Explain Below	through <u>12/31/2004</u>		Page 1 of 8
	Amendment No 000		Date of election if appli (Month, Day, Year		For Official Use Only
	Report No CM36		11/2/2004		
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee) 960382	Treasurer (If re	ecipient committee)	
COMMITT	FEE/FILER'S NAME	, , , , , , , , , , , , , , , , , , , ,	NAME OF TREASURER	?	
Planned I	Parenthood Affiliates of California Action Fund		David Alois		
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE 2	ZIP CODE AREA CODE/PHONE
		95814	Sacramento	CA 9	95814 (916) 446-5247
Sacramer OPTIONA	nto CA .L: FAX/E-MAIL ADDRESS	95814	OPTIONAL: FAX/E-MAI		3614 (310) 440-3247
	of Candidate or Measure Sup CANDIDATE is	рессия от оррегоем	OFFICE SOUGHT OR HELD AN State Assembly Person District		SUPPORT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER JURI	SDICTION	SUPPORT OPPOSE
3. Indep	endent Expenditures Made Att	1	tely labeled continuation sheet  DESCRIPTION OF EXPEN	1	CUMULATIVE TO DATE CALENDAR YEAR NT (JAN.1 - DEC.31)
10/26/2004	Creative Infusion, Inc. San Diego, CA 92103	Voter	Guide in Newsletter	\$113.51	\$392.05
9/30/2004	Creative Infusion, Inc. San Diego, CA 92103	Mailer	r	\$212.65	\$392.05
2/11/2004	Creative Infusion, Inc. San Diego, CA 92103	Maile	r	\$65.89	\$392.05

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 1/31/2005	CALIFORNIA 46	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Be	low) through 12/31/20	004		Page 2 of 8	
Amendment No 000		—   Januarion (Explain 50)	Date of election i	if applicable:		For Official Use	
	Report No CM36	_	11/2/2004				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comr	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CIII	ECK ONE
NAME OF CAN		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	dent Expenditures Made A	attach additional information on approp	riately labeled continuation	n sheets.		CUMULATIVE   CALENDAF	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/27/2004	Planned Parenthood Affiliates of Califor Sacramento, CA 95814	ma Use	e of Phones		\$102.63	\$718.40	
10/26/2004	Planned Parenthood Affiliates of California Sacramento, CA 95814 Use of		e of Phones		\$102.63	\$718.40	
10/20/2004	Planned Parenthood Affiliates of Califor Sacramento, CA 95814	nia Use	e of Phones		\$102.63	\$718.40	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Amounts may be rounded		s period	SUPPLEMENT/ Date Stamp 1/31/2005	CALIFORNIA 46	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Be	low) through 12/31/20	004		Page 3 of 8	
Amendment No 000			Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM36	_	11/2/2004				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee	) Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name	of Candidate or Measure Su	pported or Opposed					IECK ONE
	CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE		ORT OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indep	endent Expenditures Made	Attach additional information on approp	riately labeled continuation	n sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDA (JAN.1 - D	
10/19/2004	Planned Parenthood Affiliates of California Sacramento, CA 95814  Use of		of Phones		\$102.63	\$718.40	
10/16/2004	O04 Planned Parenthood Affiliates of California Use of Sacramento, CA 95814		of Phones		\$307.88	\$718.40	
10/26/2004	Planned Parenthood Affiliates of San Die San Diego, CA 92108	ego and Riverside Counties Shi	pping of Voter Guide in New	sletter	\$94.67	\$271.16	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.		eriod	Date Stamp 1/31/2005	CALIFORNIA 46		55
		Amendment (Explain Belo	ow) through <u>12/31/2004</u>			Page 4	of 8	
	Amendment No 000	-	Date of election if a (Month, Day, Y			For Official		<u></u> у
	Report No CM36	-	11/2/2004					
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)			
COMMI	TTEE/FILER'S NAME		NAME OF TREASU	RER				
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRESS	3				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	ODE AREA COL	DE/PHONE	Ē
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-I	MAIL ADDRESS				
2 Nam								
	e of Candidate or Measure Sup F CANDIDATE	oported or Opposed	OFFICE SOUGHT OR HELD	AND DISTRICT, IF	APPLICABLE	s	CHECK	
NAME O	<b>.</b>	oported or Opposed		AND DISTRICT, IF	APPLICABLE			OPPOSE
NAME O	F CANDIDATE  F BALLOT MEASURE  pendent Expenditures Made A	ttach additional information on appropri	BALLOT NO./LETTER J	URISDICTION eets.		CUMULA CALE	SUPPORT ( SUPPORT ( TIVE TO D NDAR YEA	OPPOSE OPPOSE DATE AR
NAME O	F CANDIDATE  F BALLOT MEASURE  pendent Expenditures Made A	ttach additional information on appropri	BALLOT NO./LETTER J	URISDICTION  eets.  PENDITURE	APPLICABLE  AMOUNT \$.00	CUMULA CALE	SUPPORT (	OPPOSE OPPOSE DATE AR
NAME O	F CANDIDATE  F BALLOT MEASURE  Pendent Expenditures Made A  E NAME AND ADDRE  Anderson Direct	ttach additional information on appropri	BALLOT NO./LETTER J iately labeled continuation sh DESCRIPTION OF EXP ping of Voter Guide in Newslet	URISDICTION  eets.  PENDITURE	AMOUNT	CUMULA CALE (JAN.	SUPPORT ( SUPPORT ( TIVE TO D NDAR YEA	OPPOSE OPPOSE DATE AR

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		t Amounts may be rounded		s period	SUPPLEMENT. Date Stamp 1/31/2005	CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Belo	ow) through <u>12/31/20</u>	004		Page 5 of 8	
A	Amendment No 000	_   _	Date of election i	if applicable:		For Official Use	
	Report No CM36	_	11/2/2004				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CI	IECK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation  DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE
10/25/2004	Terris & Barnes, Inc. San Francisco, CA 94104	Maile			\$5,753.50	\$5,753.50	2001)
	Commonwealth Communications San Francisco, CA 94104	Print	ing of Mailer		\$.00	\$.00	
	U.S. Postmaster San Leandro, CA 94577	Posta	age for Mailer		\$.00	\$.00	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTAL Date Stamp 1/31/2005	CALIFORNIA FORM	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	04		Dans 6	of 8
Amendment No 000		- Amerianient (Explain Belo	Date of election i (Month, Day	f applicable:		For Official	
	Report No CM36		11/2/2004				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	nmittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA COD	DE/PHONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS	3		
2. Name of	Candidate or Measure Sup	pported or Opposed					CHECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRIC	T, IF APPLICABLE	sı	UPPORT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		St	UPPORT OPPOSE
3. Indepen	dent Expenditures Made At	tach additional information on appropri	ately labeled continuation	sheets.			TIVE TO DATE
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1	- DEC.31)
9/29/2004	JW Elliott, Inc. dba Western Graphics Lemon Grove, CA 91945	Maile	er		\$99.78	\$111.73	
2/11/2004	JW Elliott, Inc. dba Western Graphics Lemon Grove, CA 91945	Maile	er		\$11.95	\$111.73	

## **Supplemental Independent**

Type or print in ink.

	SUPPLEMENTA	<u>L INDEPENDENT EXPENDITURE</u>
	Report covers period	CALIFORNIA 165
om	1/1/2004	FORM TUJ

	penditure Report			ole dollars.	from _	1/1/2004	FOR	ORNIA 465
SEE	INSTRUCTIONS ON REVERSE				through	12/31/2004	Page <u>7</u>	of <u>8</u>
NAM	IE OF FILER				•		I.D. NUME	BER (If recipient com.)
Plan	ned Parenthood Affiliates of California Action Fund						960382	
4.	Summary							
	1. Total independent expenditures made of \$1	00 or more th	his period. (Part 3.)					\$7,246.84
	2. Total independent expenditures under \$100	) made this p	eriod. (Not itemized.).					\$0.00
	3. Total independent expenditures made this p	-						\$7,246.84
	E'' A''							
5.	Filing Officers Enter the name and address of e	each filing office	r with whom the filer's most	recent campaign stateme	ents (Form 4	50, 460 or 461) have bee	n filed.	
5.	1) NAME OF FILING OFFICER	each filing office	r with whom the filer's most	recent campaign stateme  3) NAME OF FILING		50, 460 or 461) have bee	n filed.	
5.	NAME OF FILING OFFICER  Secretary of State	each filing office	r with whom the filer's most		OFFICER	oters	n filed.	
5.	1) NAME OF FILING OFFICER	each filing officer	r with whom the filer's most	3) NAME OF FILING	OFFICER		n filed.	
5.	NAME OF FILING OFFICER  Secretary of State	each filing officer	zip CODE	3) NAME OF FILING Sacramento County F	OFFICER	oters	n filed.	ZIP CODE
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)			3) NAME OF FILING  Sacramento County F  ADDRESS	OFFICER	oters		ZIP CODE 95827
5.	NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY	STATE	ZIP CODE	3) NAME OF FILING  Sacramento County F  ADDRESS  CITY	OFFICER Registrar of Vo	oters	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento  2) NAME OF FILING OFFICER  Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING Sacramento County F ADDRESS  CITY Sacramento 4) NAME OF FILING San Francisco County	OFFICER  Registrar of Vo	oters (NO. AND STREET)  corder	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento  2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING  Sacramento County F  ADDRESS  CITY  Sacramento 4) NAME OF FILING	OFFICER  Registrar of Vo	oters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER  Secretary of State  ADDRESS (NO. AND STREET)  CITY  Sacramento  2) NAME OF FILING OFFICER  Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING Sacramento County F ADDRESS  CITY Sacramento 4) NAME OF FILING San Francisco County	OFFICER  Registrar of Vo	oters (NO. AND STREET)  corder	STATE	

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	1/26/2005	By Alois Alois Alois
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/26/2005	By Alois Alois Alois
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOI
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT